

EXHIBIT 13

Excited delirium

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Excited delirium is a condition that manifests as a combination of delirium, psychomotor agitation, anxiety, hallucinations, speech disturbances, disorientation, violent and bizarre behavior, insensitivity to pain, elevated body temperature, and superhuman strength.^{[1][2]} Excited delirium is sometimes called **excited delirium syndrome** if it results in sudden death (usually via cardiac or respiratory arrest), an outcome that is sometimes associated with the use of physical control measures, including police restraint and tasers.^{[1][2]} Excited delirium arises most commonly in male subjects with a history of serious mental illness and/or acute or chronic drug abuse, particularly stimulant drugs such as cocaine.^{[1][3]} Alcohol withdrawal or head trauma may also contribute to the condition.^[4]

The diagnosis of excited delirium has been controversial.^{[5][6]} Excited delirium has been listed as a cause of death by some medical examiners for several years,^{[7][8]} mainly as a diagnosis of exclusion established on autopsy.^[1] Additionally, academic discussion of excited delirium has been largely confined to forensic science literature, providing limited documentation about patients that survive the condition.^[1] These circumstances have led some civil liberties groups to question the cause of death diagnosis, claiming that excited delirium has been used to "excuse and exonerate" law enforcement authorities following the death of detained subjects, a possible "conspiracy or cover-up for brutality" when restraining agitated individuals.^{[1][5][6]} Also contributing to the controversy is the role of taser use in excited delirium deaths.^{[3][9]} The American College of Emergency Physicians has officially recognized excited delirium as a unique syndrome^[10] and "rejects the theory" that excited delirium is an "invented syndrome" used to excuse or cover-up the use of excessive force by law enforcement.^[11]

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Pathophysiology and symptoms

"Excited delirium" was first explicitly described in 1985 as a condition relating to acute cocaine intoxication.^{[12][4]}

Prior to this it was referred to as "Bell's Mania"; first described by Luther Bell in 1849.^[13]

The pathophysiology of excited delirium has been unclear,^[10] but likely involves multiple factors.^[14] These may include positional asphyxia, hyperthermia, drug toxicity, and/or catecholamine-induced fatal

cardiac arrhythmias.^[14]

A substantial majority of fatal case reports involved men, most commonly African American.^{[10][2]} Excited delirium patients commonly have acute drug intoxication, generally psychostimulants such as cocaine, PCP and methamphetamine.^[2]

The signs and symptoms for excited delirium may include:^{[2][10][15][4][16]}

- Paranoia
- Disorientation
- Hyper-aggression
- Tachycardia
- Hallucination
- Incoherent speech or shouting
- Incredible strength or endurance (typically noticed during attempts to restrain victim)
- Hyperthermia (overheating)/profuse sweating (even in cold weather)

Other medical conditions that can resemble excited delirium are panic attack, hyperthermia, diabetes, head injury, delirium tremens, and hyperthyroidism.^[17]

A 2010 systematic review published in the *Journal of Forensic and Legal Medicine* argued that the symptoms associated with excited delirium likely posed a far greater medical risk than the use of tasers, and that it seems unlikely that taser use significantly exacerbates the symptoms of excited delirium.^[18]

Society and culture

Some civil-rights groups argue that excited delirium diagnoses are being used to absolve law enforcement of guilt in cases where alleged excessive force may have contributed to patient deaths.^{[19][20][21]} In 2003, the NAACP argued that excited delirium is used to explain the deaths of minorities more often than whites.^[21]

Eric Balaban of the American Civil Liberties Union argued in 2007 that excited delirium was not recognized by the American Medical Association or the American Psychological Association and that the diagnosis served "as a means of white-washing what may be excessive use of force and inappropriate use of control techniques by officers during an arrest."^[5] Melissa Smith of the American Medical Association stated in 2007 that the organization had "no official policy" on the condition.^[6] Excited delirium is not found in the current version of the *Diagnostic and Statistical Manual of Mental Disorders*, though the term "excited delirium" has been accepted by the National Association of Medical Examiners and the American College of Emergency Physicians, who argued in a 2009 white paper that "excited delirium" may be described by several codes within the ICD-9.^[1]

In Canada, the 2007 case of Robert Dziekanski received national attention and placed the a spotlight on the use of tasers in police actions and the diagnosis of excited delirium. Police psychologist Mike Webster testified at a British Columbia inquiry into taser deaths that police have been "brainwashed" by Taser International to justify "ridiculously inappropriate" use of the electronic weapon. He called "excited delirium" a "dubious disorder" used by Taser International in its training of police.^[22] In a 2008